

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDED 1 133

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36141  
Do not use this space.

1. PLACE OF DEATH *Grundy* 2  
 (a) County *Grundy* Registration District No. *328*  
 (b) Township *Trenton* Primary Registration District No. *3017*  
 (c) City *Trenton* (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *LOYD RAY SHARP*  
 (a) Residence, No. *Rt 4 #1 Trenton* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alvena Sharp*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-16-1898*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*41 3 21*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Furniture*  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri* 0

FATHER 13. NAME *Geo Sharp* 0

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri* 0

MOTHER 15. MAIDEN NAME *Alvena Mayey*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Lester Sharp Trenton mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Plain View Cem* DATE *July 9 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Chita mo Hypocrite Trenton mo*

20. FILED *7-9 1939* *Lester Sharp* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7<sup>th</sup> 1939*

22. I HEREBY CERTIFY that I attended deceased from *June 28<sup>th</sup> 1939* to *July 7<sup>th</sup> 1939*. I last saw him alive on *July 7<sup>th</sup> 1939*. Death is said to have occurred on the date stated above, at *8:46 PM*. The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia* *July 7<sup>th</sup> 1939* (Date of onset)

*1070*

Other contributory causes of importance: *Chronic Asthma* 2?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Chival* Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify \_\_\_\_\_ (Signed) *Oliver T. Duffley* M. D. (Address) *Trenton Mo*

RECEIVED

District Health Officer No. 117

District File No. 1139-12-89

Date Filed NOV 16 1939

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Charles D. Chapman*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed..... *Charles D. Chapman*

Licensed Embalmer No. 2109

P. O. Address Frederick Md

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**